

General

Title

In-center hemodialysis patients' experiences: percentage of in-center hemodialysis patients who reported how often their nephrologist cared and communicated well.

Source(s)

Centers for Medicare and Medicaid Services (CMS). In-Center Hemodialysis CAHPS Survey global ratings and composites. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2013 Mar 1. 3 p.

Centers for Medicare and Medicaid Services (CMS). In-Center Hemodialysis CAHPS® Survey. Survey administration and specifications manual. Version 6.0. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2018 Feb. 430 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Patient Experience

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of in-center hemodialysis patients who reported whether/how often their nephrologist cared and communicated well.

The "Nephrologists' Communication and Caring" composite measure is based on five questions in the In-Center Hemodialysis (ICH) CAHPS Survey that ask patients how often ("Never," "Sometimes," "Usually," or "Always") their nephrologist:

- Listened carefully to them
- Explained things in a way that was easy to understand
- Showed respect for what they had to say
- Spent enough time with them

Really cared about them as a person

AND

One question that asks patients whether ("Yes" or "No") their nephrologist:

Seemed informed and up-to-date about the health care they received from other doctors

Note: A composite score is calculated in which a higher score indicates better quality. Composite scores are intended for consumer-level reporting.

Rationale

End-stage renal disease (ESRD) is a particularly complex condition: patients require either dialysis or a kidney transplant to survive, and typically have comorbid conditions such as diabetes and hypertension, high levels of cognitive impairment, and low levels of literacy.

As a result of legislation passed in 1972, Medicare pays for more than two-thirds of the expenditures for care for patients with ESRD. In 2000, the U.S. Office of the Inspector General recommended developing a standardized experience of care survey of patients with ESRD in order to provide valid comparative information to the public. MedPac's Report to Congress in 2003 also reiterated the need to evaluate ESRD patient satisfaction. In response to these recommendations and to ensure quality of care for dialysis patients, the Centers for Medicare & Medicaid Services (CMS) decided to work with the Agency for Healthcare Research and Quality (AHRQ) to develop a survey that could be used both for internal quality improvement at the facility level and for public reporting to patients and caregivers. CMS has been reporting comparative clinical information at the facility level since January of 2001 on its [Dialysis Facility Compare Web site](#) . The site started reporting patient experience results from the CAHPS® In-Center Hemodialysis Survey in October 2016.

The In-Center Hemodialysis CAHPS Survey asks adults with ESRD about their experiences with care from dialysis facilities. Both dialysis facilities and End-Stage Renal Disease Networks (known simply as Networks) can use this tool to measure and improve the patient-centeredness of their care.

Evidence for Rationale

Centers for Medicare and Medicaid Services (CMS). About CAHPS In-Center Hemodialysis Survey. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2015 Apr. 4 p.

Primary Health Components

End-stage renal disease (ESRD); in-center hemodialysis; patient experiences; nephrologist communication

Denominator Description

All currently dialyzing in-center hemodialysis patients age 18 years and older who answered the "Nephrologists' Communication and Caring" questions on the In-Center Hemodialysis (ICH) CAHPS Survey (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of "Never," "Sometimes," "Usually," or "Always" AND "Yes" or "No" responses on the "Nephrologists' Communication and Caring" questions (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Focus groups

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The development of this CAHPS survey involved several steps, including a review of existing surveys, a scientific assessment of potential items, public input, cognitive testing, and field testing, which includes psychometric analyses of the performance of items and their domains. All of these steps contributed to the drafting of the questionnaire and subsequent revisions.

Cognitive Testing

In early spring of 2004, the instrument underwent an initial round of cognitive testing with a total of 30 dialysis patients. The team used the cognitive testing findings along with the public comments the Agency for Healthcare Research and Quality (AHRQ) received as the basis for revisions to the draft.

A second round of cognitive testing was conducted in May and June of 2004. The survey was further revised, then translated into Spanish, and prepared for a third round of cognitive testing with Spanish-speaking dialysis patients, completed in September 2004.

Pilot Testing

The CAHPS grantees conducted a pilot test during the winter of 2004-2005 with a representative sample of 32 facilities that varied with respect to region, size of facility, rural/urban location, hospital affiliation, and tax status. A sample size of 3,143 patients was used. The final number of respondents was 1,454, with an overall response rate of 46%: 56% responded by telephone, while 44% responded by mail.

The purpose of the pilot test was to examine the reliability and validity of the draft survey questions, identify those questions most robust for public reporting and those most appropriate for internal quality improvement, and evaluate different data collection strategies. Specifically, researchers involved in the pilot did the following:

- Evaluated the psychometric properties of the questions with the aim of reducing the number of items in the final survey;
- Tested two modes of administration (telephone; mail with telephone follow-up);
- Examined the need for assistance in completing the survey;
- Tracked the involvement of facilities in promoting the survey; and
- Evaluated the use of Spanish interpreters.

The field test showed that the vast majority of items on the survey performed well in the field; based on psychometric criteria, only four items were recommended for deletion. The final instrument reflects these recommendations.

Evidence for Extent of Measure Testing

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Person- and Family-centered Care

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Patient-centeredness

Data Collection for the Measure

Case Finding Period

July 1 to September 30 and April 1 to June 30

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All currently dialyzing in-center hemodialysis patients age 18 years and older who answered the "Nephrologists' Communication and Caring" questions on the In-Center Hemodialysis (ICH) CAHPS Survey

Exclusions

The sample patient reported that they are not currently receiving dialysis.
The sample patient is reported as deceased during the data collection period.
The sample patient is under age 18.
The sample patient is receiving hospice care.
The sample patient resides in a nursing home or other skilled nursing facility or other long-term facility, such as a jail or prison.
The sample patient received dialysis care at home.
The sample patient received dialysis care for less than three months.
The sample patient does not speak any of the approved ICH CAHPS Survey language(s) which the vendor is administering for that facility.
The sample patient is unable to complete the survey because he or she is mentally or physically incapable.
The sample patient reported that they no longer receive ICH care at the sampled facility.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of "Never," "Sometimes," "Usually," or "Always" AND "Yes" or "No" responses on the "Nephrologists' Communication and Caring" questions

From the responses, a composite score is calculated in which a higher score indicates better quality.

Note:

Scores are created by first determining the proportion of answers to each response option for all questions in the composite. The final composite score averages the proportion of those responding to each answer choice in all questions. Only questions that are answered by survey respondents will be included in the calculation of composite scores.

Include all completed questionnaires. A questionnaire is considered to be "complete" if at least 50 percent of the "core In-Center Hemodialysis (ICH) CAHPS" questions that are applicable to all sample patients are answered. Refer to Table 9-2 in the original measure documentation for the core ICH CAHPS questions that are applicable to all sample patients.

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

In-Center Hemodialysis (ICH) CAHPS® Survey 6.0

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Composite/Scale

Mean/Median

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

The survey results are statistically adjusted for mode, nonresponse, and patient mix.

Adjustment of Results

In early 2014, the In-Center Hemodialysis (ICH) CAHPS Coordination Team conducted a mode experiment to test the effects of using three data collection modes: mail only, telephone only, and mixed mode (mail with telephone follow-up of nonrespondents).

Because some patients' assessment of the care they received from ICH facilities may be influenced by patient characteristics that are beyond the ICH facilities' control, the Centers for Medicare and Medicaid Services (CMS) used data from the mode experiment to determine whether and to what extent characteristics of patients participating in the ICH CAHPS Survey statistically affect survey results. Statistical models were developed to adjust or control for these patient characteristics when survey results are publicly reported. Also, some patients might not respond to the survey, and this might affect the accuracy and comparability of results. Therefore, the data from the mode experiment were analyzed to detect potential nonresponse bias. The Coordination Team uses results of these analyses to apply statistical adjustments that need to be made on each semiannual submission of the ICH CAHPS Survey data during the national implementation.

The results of the analysis of data from the ICH CAHPS Survey Mode Experiment showed significant differences in patients' ratings and assessment of their hemodialysis care based on survey mode and in responses to the survey items that are attributable to patient mix characteristics. A total of 13 patient mix characteristics and survey mode were found to be statistically significant in at least one of the regression models. The 14 adjusters (13 patient characteristics plus survey mode) include the following:

- Mode of survey administration
- Overall health
- Overall mental health
- Heart disease
- Deaf or serious difficulty hearing
- Blind or serious difficulty seeing

Difficulty concentrating, remembering, or making decisions
Difficulty dressing or bathing
Age
Sex
Education
Does the patient speak a language other than English at home
Did someone help the patient complete this survey
Total number of years on dialysis

During each ICH CAHPS public reporting period, CMS and its Coordination Team will use data from the two most recent semiannual ICH CAHPS Surveys to derive the 13 patient mix adjustment factors using coefficients obtained from Ordinary Least Squares regression models for the top- and bottom-box scores for each of the three global ratings and the three composite measures.

Refer to *Patient-Mix Coefficients for the In-Center Hemodialysis CAHPS (ICH CAHPS) Survey Results Publicly Reported in January 2018* for additional information (see the "Companion Documents" field).

Standard of Comparison

not defined yet

Identifying Information

Original Title

Nephrologists' communication and caring.

Measure Collection Name

In-Center Hemodialysis (ICH) CAHPS Survey

Submitter

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Developer

Agency for Healthcare Research and Quality - Federal Government Agency [U.S.]

CAHPS Consortium - Health Care Quality Collaboration

Centers for Medicare & Medicaid Services - Federal Government Agency [U.S.]

Funding Source(s)

Centers for Medicare & Medicaid Services (CMS)

Composition of the Group that Developed the Measure

- Agency for Healthcare Research and Quality (AHRQ)

- American Institutes for Research (AIR)
- Centers for Medicare & Medicaid Services (CMS)
- Harvard Medical School
- RAND
- Westat

Financial Disclosures/Other Potential Conflicts of Interest

None

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2015 Jan 7

Measure Initiative(s)

Dialysis Facility Compare (DFC)

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2018 Feb

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

Centers for Medicare and Medicaid Services (CMS). In-Center Hemodialysis CAHPS Survey global

ratings and composites. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2015. 3 p.

Centers for Medicare and Medicaid Services (CMS). In-Center Hemodialysis CAHPS® Survey. Survey administration and specifications manual. Version 4.0. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2016 Feb. 146 p.

Measure Availability

Source available from the [In-Center Hemodialysis \(ICH\) CAHPS Survey Web site](#) .

For more information, contact RTI International at E-mail: ichcahps@rti.org; Phone: 1-866-245-8083; Web site: ichcahps.org .

Companion Documents

The following are available:

Dialysis facility compare: a quality tool provided by Medicare. [internet]. Washington (DC): U.S. Department of Health and Human Services; [accessed 2018 Mar 16]. Available from the [Medicare Web site](#) .

Centers for Medicare and Medicaid Services (CMS). About CAHPS In-Center Hemodialysis Survey. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2015 Apr. 4 p. Available from the [CAHPS Web site](#) .

Centers for Medicare and Medicaid Services (CMS). Patient-mix coefficients for the In-Center Hemodialysis CAHPS (ICH CAHPS) survey results publicly reported in January 2018. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2018 Jan. 11 p. Available from the [ICH CAHPS Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI on May 14, 2007. The information was verified by the measure developer on July 25, 2007.

The measure developer informed NQMC that updated measure documentation was available for this measure on August 6, 2009 and related fields in this NQMC summary were updated accordingly.

This NQMC summary was retrofitted into the new template on May 2, 2011.

This NQMC summary was updated by ECRI Institute on March 31, 2016. The information was verified by the measure developer on June 24, 2016.

This NQMC summary was updated again by ECRI Institute on March 29, 2018. The information was verified by the measure developer on April 19, 2018.

Copyright Statement

No copyright restrictions apply.

Production

Source(s)

Centers for Medicare and Medicaid Services (CMS). In-Center Hemodialysis CAHPS Survey global ratings and composites. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2013 Mar 1. 3 p.

Centers for Medicare and Medicaid Services (CMS). In-Center Hemodialysis CAHPS® Survey. Survey administration and specifications manual. Version 6.0. Baltimore (MD): Centers for Medicare and Medicaid Services (CMS); 2018 Feb. 430 p.

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